

# CURRICULUM REFORM

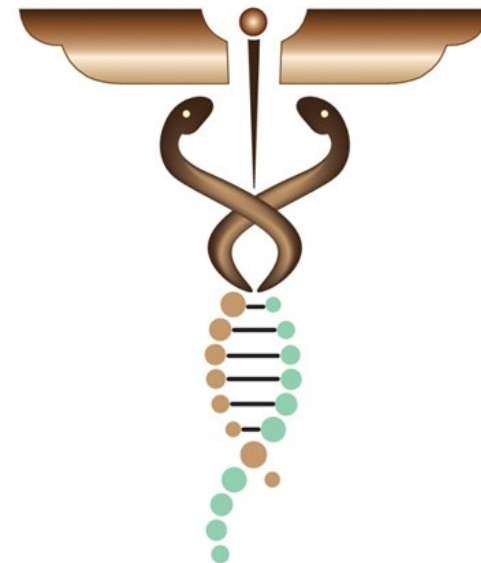
AT

UNIFORMED SERVICES UNIVERSITY'S  
F. EDWARD HÉBERT SCHOOL OF MEDICINE



## TALKING POINTS AND HIGHLIGHTS

Molecules To  
Military Medicine



For More Information, Please Contact:

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## HIGHLIGHTS OF THE NEW CURRICULUM

### RE: PRE-CLERKSHIP PERIOD

- Shortened from 2 yrs to approx. 16 months. This allows ward rotations to start earlier, which allows for more MS-IV electives & more time for pre-JSGMESB "audition" rotations.
- Change from traditional, course-based, pre-clinical instruction, to one that is fully integrated and divided into seven different system-based modules.
- Increased use of case-based learning, with more teaching in small groups vs. large lecture halls.

### RE: CORE-CLERKSHIPS

- Organized into three 16-week blocks; each block contains two related disciplines plus a week of combined assessment.
- Opportunity for clinical continuity: Goal is for students in Class of '15 to have at least one of their three clinical blocks in the same geographic (or regional) area.
- Deliberate "threading" of basic science through clerkships, reinforcing previous concepts & introducing new material, as it relates to students' clinical experiences.

### RE: POST-CLERKSHIP PERIOD

- Re-position the Step I exam to a period shortly after completion of the core clerkships.
- Incorporate a "Bench to Bedside & Back" unit after the core clerkships. Goal is to introduce & integrate advanced science at a point when students can more fully appreciate the clinical relevance.

### RE: MILITARY UNIQUE CURRICULUM

- Update & more fully integrate key elements throughout the four years.
- Develop an expanded Field Exercise (Bushmaster) with active interaction between the MS-I, MS-II & MS-IV classes. Allows earlier immersion into the world of operational medicine for MS-I's (i.e. in October of MS-I yr).

### RE: CAPSTONE PROJECT

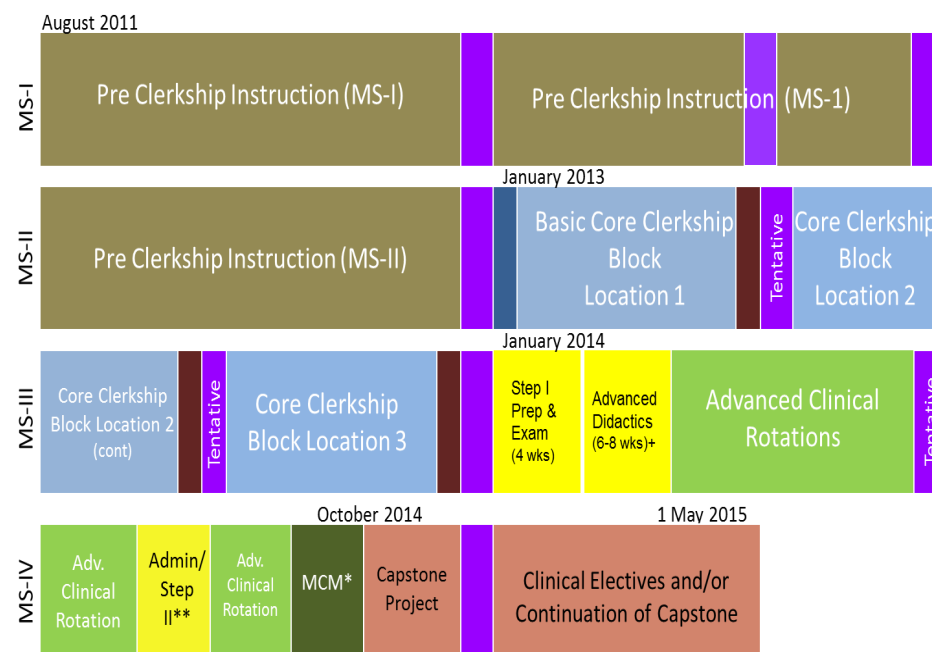
- Include provisions for a "Capstone Project." In some cases, this might be initiated prior to the MS-IV year, but the goals are the same: to allow students to design, conduct, analyze, and present, a research topic of their choosing, under the guidance of a faculty mentor.

### FOR MORE INFORMATION

For additional details please take a look at the Curriculum Reform section on the USU Home Page. The site is updated on a regular basis and can be accessed at: <http://www.usuhs.mil/curriculumreform>.

## BENEFITS OF THE NEW CURRICULUM

- Basic Science interwoven throughout the entire 4 year curriculum; avoids the "learn & forget" phenomenon. Essential topics introduced and/or reinforced when you need them most!
- More case-based teaching & small group learning; less time in large lecture halls;
- Patient care experiences incorporated into MS-I curriculum....won't have to wait until ward rotations to work with patients!
- Clinical rotations start much earlier—half-way through MS-II yr vs. beginning of MS-III yr;
- Change to an integrated vs. course based MS-I/II curriculum;  
**Ex:** When studying the cardiopulmonary system, learn the anatomy, physiology, pathology, pharmacology, microbiology & clinical exam skills that correlate with this system. Same applies for the clinical, psychosocial, & ethical issues that may impact patients with these conditions.  
**Rationale:** Students will learn better & retain information longer. Anticipate benefits in terms of stronger exam scores (Step I, Step II) & better performance in Internship & beyond.
- More time for clinical electives in MS-IV year. Rotations can be tailored to student interests;
- Opportunity to work with a faculty mentor to design, develop & accomplish a clinical, operational, or laboratory oriented research (Capstone) project of one's choosing; successful completion could result in Graduation with Distinction.



- Vacation
- Pre-Clerkship Lead-up Training
- Post-Clerkship Assessments

\* MCM: Military Contingency Medicine/Bushmaster FTX  
 \*\* Step II Taken Between Apr & Sep--Prior to Capstone  
 + a.k.a., "Bench to Bedside & Back"